

Elections Division
 Department of State
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 Denver, CO 80290
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OCT 11 2021

THORNTON CITY CLERK

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(C.R.S. 1-45-108)

| | |
|---|---|
| Full Name of Committee/Person: | Karen Moritzky Bigelow <small>As Shown on Registration</small> |
| Address of Committee/Person: | 15083 St. Paul Street |
| City, State & Zip Code: | Thornton, CO 80602 |
| Committee Type: | Candidate Committee |
| Name and Address of Financial Institution: | FirstBank Holding CO - 12345 W Colfax Ave, Lakewood CO 80215 |

SOS ID NUMBER (state and county committees ONLY):

N/A

Type of Report:

Regularly Scheduled Filing.

- October 12, 2021 (21 days prior to the November 2, 2021 Municipal Election)
- October 29, 2021 (Friday prior to the November 2, 2021 Municipal Election)
- December 2, 2021 (30 days after the November 2, 2021 Municipal Election)
- Annual - candidates from prior election held on _____

Amended Filing. This amends previous report filed on (date) _____
 Submit changes or new information **ONLY**

Termination Report (Termination Reports **MUST** have a Monetary Balance of Zero in Line 5)

Reporting Period Covered:

2/8/21
date

Through

10/7/21
date

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

Totals Detailed Summary Page

| 1 | Funds on Hand at Beginning of Reporting Period (monetary only) | \$0.00 |
|---|--|-------------|
| 2 | Total Monetary Contributions (line 11) | \$19,892.00 |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1+ line 2) | \$19,892.00 |
| 4 | Total Monetary Expenditures (line 19) | \$11,214.45 |
| 5 | Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4) | \$8,677.55 |

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

[Art. XXVIII Sect. 10 (2) (a)]

Authorization (Must be completed by either the Registered Agent **OR** the Candidate) I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's (Treasurer's) Name: _____

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Karen M Bigelow

Candidate's Signature: Karen M. Bigelow Date: 10/11/21

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(C.R.S. 1-45-108)

| | |
|---|---|
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Amended Filing. This amends previous report filed on (date)
 Submit changes or new information **ONLY**

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Reporting Period Covered:

| | | |
|--|----------------|---|
| 2/8/21 <small>date</small> | Through | 10/7/21 <small>date</small> |
|--|----------------|---|

Declared Total Spending (if applicable): [Art. XXVIII, Sect. 4 (1)]

\$ N/A

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Print Registered Agent's (Treasurer's) Name: _____

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Karen M Bigelow

Candidate's Signature: _____ Date: 10/11/21

DETAILED SUMMARY

Full Name of Committee/Person:

Karen Moritzky Bigelow

Current Reporting Period:

2/8/21

Through

10/7/21

| | | |
|--|--|--------------------|
| Funds on hand at the beginning of reporting period (Monetary Only): | | \$0.00 |
| 6 | Itemized Contributions \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "A") | \$19,892.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$0.00 |
| 8 | Loans Received (Please list on Schedule "C") | \$0.00 |
| 9 | Total of Other Receipts (Interest, Dividends, etc.) | \$0.00 |
| 10 | Returned Expenditures (from recipient) (Please list on Schedule "D") | \$0.00 |
| 11 | Total Monetary Contributions (Total of lines 6 through 10) | \$19,892.00 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$585.82 |
| 13 | Total Contributions (Line 11 + line 12) | \$20,477.82 |
| 14 | Itemized Expenditures \$20 or More [CRS 1-45-108(1)(a)] (Please list on Schedule "B") | \$11,026.52 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 and less) | \$187.93 |
| 16 | Loan Repayments Made (Please list on Schedule "C") | \$0.00 |
| 17 | Returned Contributions (To Donor) (Please list on Schedule "D") | \$0.00 |
| 18 | Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only) | \$585.82 |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$11,214.45 |
| 20 | Total Monetary Expenditures (Line 18 + Line 19) | \$11,800.27 |

Schedule A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108 (1) (a)]

Full Name of Committee/Person: Karen Moritzky Bigelow

Reporting Period Covered: 2/8/21 Through 10/7/21
date date

WARNING: Please read the instruction page for Schedule "A" before completing!

Total Itemized Contributions: \$ 19,892.00

PLEASE PRINT/TYPE

SEE LIST OF CONTRIBUTIONS ATTACHMENT

| | |
|------------------------------|---|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): SEE LIST OF CONTRIBUTIONS ATTACHMENT |
| 2 <u>Contribution Amount</u> | 5 Address: _____ |
| \$ 19892.00 | 6 City/State/Zip: _____ |
| 3 <u>Aggregate Amount*</u> | 7 Description: _____ |
| \$ | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |

| | |
|------------------------------|--|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Contribution Amount</u> | 5 Address: _____ |
| \$ | 6 City/State/Zip: _____ |
| 3 <u>Aggregate Amount*</u> | 7 Description: _____ |
| \$ | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |

| | |
|------------------------------|--|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Contribution Amount</u> | 5 Address: _____ |
| \$ | 6 City/State/Zip: _____ |
| 3 <u>Aggregate Amount*</u> | 7 Description: _____ |
| \$ | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |

| | |
|------------------------------|--|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Contribution Amount</u> | 5 Address: _____ |
| \$ | 6 City/State/Zip: _____ |
| 3 <u>Aggregate Amount*</u> | 7 Description: _____ |
| \$ | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule B - Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108-(1) (a)]

Full Name of Committee/Person: Karen Moritzky Bigelow

Reporting Period Covered:

2/8/21

date

Through

10/7/21

date

Total Itemized Expenditures:

11,026.52

PLEASE PRINT/TYPE

SEE LIST OF EXPENDITURES ATTACHMENT

| | |
|---|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): SEE LIST OF EXPENDITURES ATTACHMENT |
| 2 <u>Amount</u> \$ 11026.52 | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

| | |
|---|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ _____ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

| | |
|---|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ _____ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

| | |
|---|--|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Amount</u> \$ _____ | 5 Address: _____ |
| 3 <u>Recipient is (optional):</u> <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee | 6 City/State/Zip: _____ |
| | 7 Purpose of Expenditure: _____ _____ |

Schedule D – Returned Expenditures & Contributions

Full Name of Committee/Person: Karen Moritzky Bigelow

Reporting Period Covered: 2/8/21 **Through** 10/7/21
date date

Total Returned Contributions: \$ -

Total Returned Expenditures: \$ -

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

| | |
|---|-----------------------------|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> | 6 City/State/Zip: _____ |
| \$ | 7 Purpose: _____ |

| | |
|---|-----------------------------|
| 1 <u>Date Accepted</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> | 6 City/State/Zip: _____ |
| \$ | 7 Purpose: _____ |

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

| | |
|---|-----------------------------|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> | 6 City/State/Zip: _____ |
| \$ | 7 Comment (optional): _____ |

| | |
|---|-----------------------------|
| 1 <u>Date Expended</u> | 4 Name (Last, First): _____ |
| 2 <u>Date Returned</u> | 5 Address: _____ |
| 3 <u>Amount</u> | 6 City/State/Zip: _____ |
| \$ | 7 Comment (optional): _____ |

Statement of Non-Monetary Contributions

[Art. XXVIII, Sect. 2, (5) (a) (II) (III), Sect. 5, (3)]
[C.R.S. 1-45-108 (1)]

Full Name of Committee/Person: Karen Moritzky Bigelow

Reporting Period Covered:

2/8/21

date

Through

10/7/21

date

Total Itemized Expenditures:

\$585.82

PLEASE PRINT/TYPE

| | |
|---|---|
| 1 <u>Date Provided</u> <u>2/9/21</u> | 4 Name (Last, First): <u>Carol Banks</u> |
| 2 <u>Fair Market Value</u> <u>\$500.00</u> | 5 Address: <u>843 West Willow Street</u> |
| 3 <u>Aggregate Amount</u> | 6 City/State/Zip: <u>Louisville, CO 80027</u> |
| | 7 Description: <u>Logo Design</u> |
| | 8 Employer (if applicable, <u>mandatory</u>): <u>self-employed</u> |
| | 9 Occupation (if applicable, <u>mandatory</u>): <u>Graphic Designer</u> |
| | 10 <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|--|---|
| 1 <u>Date Provided</u> <u>8/7/21</u> | 4 Name (Last, First): <u>David Bigelow</u> |
| 2 <u>Fair Market Value</u> <u>\$85.82</u> | 5 Address: <u>15083 St. Paul Street</u> |
| 3 <u>Aggregate Amount</u> | 6 City/State/Zip: <u>Thornton, CO 80602</u> |
| | 7 Description: <u>food/drinks for events on 8/7 & 8/8</u> |
| | 8 Employer (if applicable, <u>mandatory</u>): <u>Ball Aerospace</u> |
| | 9 Occupation (if applicable, <u>mandatory</u>): <u>Program Manager</u> |
| | 10 <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| 2 <u>Fair Market Value</u> | 5 Address: _____ |
| 3 <u>Aggregate Amount</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| 2 <u>Fair Market Value</u> | 5 Address: _____ |
| 3 <u>Aggregate Amount</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

| | |
|----------------------------|--|
| 1 <u>Date Provided</u> | 4 Name (Last, First): _____ |
| 2 <u>Fair Market Value</u> | 5 Address: _____ |
| 3 <u>Aggregate Amount</u> | 6 City/State/Zip: _____ |
| | 7 Description: _____ |
| | 8 Employer (if applicable, <u>mandatory</u>): _____ |
| | 9 Occupation (if applicable, <u>mandatory</u>): _____ |
| | 10 <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party.* |

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."